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SEMO PROJECT HEAD START, PSYCHOLOGICAL SERVICES REPORT, SUMMER 1967. PHASE THREE FINAL REPORT.

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A THIRD AND FINAL PHASE OF A THREE-PHASE PSYCHOLOGICAL SERVICE PROGRAM WAS COMPLETED DURING THE SUMMER OF 1967. THIS "CHILD STUDY" SERVICE WAS CARRIED OUT IN THE HEAD START CENTERS OF THE DELTA REGION OF SOUTHEAST MISSOURI. THE CHILDREN ATTENDING THE HEAD START PROGRAM WERE ABOUT EQUALLY REPRESENTED BY CAUCASIANS AND NEGROES. AN AVERAGE OF 5 YEARS OLD, THE CHILDREN CAME FROM FAMILIES OF A QUITE LOW SOCIOECONOMIC LEVEL. THE PSYCHOLOGICAL SERVICE PROGRAM WAS SUPPLEMENTARY TO THE HEAD START PROGRAM. ITS PURPOSE WAS TO MAKE COMPREHENSIVE PSYCHOLOGICAL STUDIES OF CHILDREN REFERRED TO IT BY THE HEAD START PROGRAM PERSONNEL. THE SERVICE ALSO PROVIDED AN IN-SERVICE TRAINING OPPORTUNITY FOR TEACHERS AND OTHER HEAD START PEOPLE. THE PSYCHOLOGICAL SERVICE STAFF WAS COMPOSED OF VARIOUS SPECIALISTS WHO WERE COMPETENT TO CONTRIBUTE TO THE ANALYSIS AND RESOLUTION OF THE REFERRED CHILD'S PROBLEMS. THE STAFF VISITED 23 HEAD START CENTERS AND EXAMINED 45 CHILDREN. THE EXAMINATION OR EVALUATION OF THE CHILD INVOLVED OBSERVATION, TESTING, AND DISCUSSION OF THE RESULTING DATA. ALL THOSE PROFESSIONALLY INTERESTED IN THE CHILD, THAT IS, TEACHERS, SOCIAL WORKERS, AND DOCTORS, COULD PARTICIPATE IN THE DISCUSSION SESSIONS. THESE SESSIONS PLUS NUMEROUS CASE PRESENTATION DAY SESSIONS PROVIDED THE PARTICIPANTS WITH INSIGHT AND UNDERSTANDING OF THE CHILD'S NEEDS AND WITH WAYS OF MEETING THOSE NEEDS. MOST OF THE 45 CHILDREN WERE REFERRED AS BEHAVIOR PROBLEM CHILDREN, BUT, UPON EXAMINATION, MOST OF THEM WERE FOUND TO SUFFER FROM CENTRAL NERVOUS SYSTEM PROBLEMS. (THE APPENDIX OF THIS STUDY CONTAINS A REPRESENTATIVE CHILD STUDY REPORT AND SPEECH-AND-HEARING REPORT.) (WD)

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SEMO
Project Head Start

Psychological Services Report
Summer 1967

Sam Thornton
January 1968

PS 000968

U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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TO: G. Robert Williams, Director, Head Start, SEMO

FROM: Sam M. Thornton, Psychological Services

RE: Report of Service, 1967, Summer Program

Attached please find report of psychological services for the summer, 1967, Head Start program. Note the present report is for the final phase of a two-year, three phase, sequential psychological services program initiated, summer, 1966.

The Director of the Psychological Service desires to commend to the Head Start Director, the contributions of all who participated in the program. Special reference is made to Edward E. Smith, Assistant Director, Psychological Services, who in addition to carrying a full examination schedule, supervised the day to day operation of the program, dealing with the "unexpected" as occuring, and with significant success.

Recognition is extended to the Director of the Sikeston Head Start Center and to the Director of the Portageville Head Start Center, who, with their teachers, were such good hosts to the clinic team, and who worked so hard to facilitate clinic function during our weeks of residence in their respective Centers.

PS 000968

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Sam M. Thornton, Olney, Illinois

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TABLE OF CONTENTS

Introduction 1

General Statistics 2

The Plan 2

Clinic Data 6

Response to Case Presentation 9

Critique 11

TABLES

I Tests Administered During Summer Head Start Program 7

II Psychological Tabulation Report 8

APPENDIX

Report of Child Study i

Speech and Hearing Report vii

Psychological Tabulation Report x

Tests, Techniques & Methods Employed in Child Study xiii

Psychological Services Report

Summer 1967

INTRODUCTION

The Summer 1967 Head Start Psychological Services Program represented the final phase of a two year, three phase psychological service.

The first phase (summer 1966) concentrated upon identifying characteristics of Head Start children, as a group, in the "boot-heel," in the areas of: physical development and coordination, mental maturity, visual perception, auditory discrimination, and social adaptability.(1)

The second phase (year 1966-67), to a degree, continued the initial thrust but with emphasis upon investigation of an apparent lag in visual perceptual development, identified in the earlier program. A small, control-experimental, matched group, research project to test the effect of the Frostig Program for the Development of Visual Perception was completed.(2)

This final phase (summer 1967) focused attention upon the individual child by means of an integrated, multidisciplinary, child study team.

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[1]Thornton, S.M., DAEOC Project Head Start, Report of Research, Summer 1966, Nov. '66, Portageville, Mo.

[2]Thornton, S.M., SEMO Project Head Start, Psychological Services Report, 1966-67 Year Program, Nov. '67, Portageville, Mo.

Thus, identifying general group characteristics led to the exploration of apparent group deficiencies, and to more attention for small groups of children, which in turn opened the way for comprehensive individual child study.

General Statistics

The summer 1967 Head Start Program was carried out in twenty three centers, within which were one hundred and eleven classes, averaging sixteen children to the class. The children averaged just over five years of age. Of the group, 57% were Caucasian, 42% Negro, and 1% classified as Mexican.

Economically, 9% of the children came from families with incomes in excess of $2,000 per year; 58% of the children were from families whose incomes were less than $2,000 but more than $1,500; 22% of the children came from families with incomes less than $1,500 but more than $500; and, 11% of the children came from families with an annual income of $500 or less.

Medical examination revealed about one-third of the children in need of immediate medical attention, of whom 38% continued under medical follow-up. About two out of three children needed some dental attention; however, only 19% of the dental care group required continued attention.

It would appear in many respects the children in the 1967 summer program were similar to those enrolled in prior programs.

The Plan

The goals of the summer psychological services program were two: the first, to make comprehensive studies of children referred for such purpose; and, the second, to provide in-service training opportunity for teachers and other Head Start personnel.

Child study, as the term is used here, is differentiated from psychological examination in that "child study" implies a multidisciplinary approach to knowing and planning for a given child.

Clinics for child study were set-up at Portageville, June 19 through July 7, and July 31 through August 4, to serve Dunklin, Pemiscot and New Madrid counties; and, at Sikeston, July 10 through July 28, to serve Stoddard, Scott and Mississippi counties.

The multidisciplinary team staffing the clinics was composed of a psychologist, a psychological counselor, a social worker, a speech clinician, an educational specialist, a creative media specialist, an administrative assistant, and a secretary.

Additionally, local professionals concerned with a given child were invited to participate in the staffing, i.e., the child's teacher, center nurse, local social worker, physician, etc.

On Mondays of the clinic week, professional team members visited Head Start centers having children to be seen in the clinic that week, and observed a child in his program. Examinations were made on Tuesday, Wednesday, and Thursday of the clinic week. Operationally, the team was set up to evaluate two children in the morning, one child early afternoon, with staffings held 3:00 p.m. to 5:00 p.m. Following the staffings, the team met to review referral information of children to be seen the following day and schedule these children through the clinic. Friday was devoted to additional case conferences, as necessary, and to report writing.*

Case presentations were made each clinic day. In addition to the clinic team and local professionals interested in a given child, administrators, teachers, social workers, and school nurses from the area were invited to attend.

The order of presentation called for the child's teacher to present her experience with the child and the reason for referral; the social worker briefly reviewed relevant social and medical findings; the speech clinician reported results of speech and hearing examinations; the psychologist and/or the psychological counselor reported their data; and other of the staff who had observed or had had contact with the child offered their impressions. Periodically, selected children were invited, with

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*A representative report may be found in the appendix. Information tending to identify living individuals has been changed in such a way as to protect their anonymity.

parental approval, to take part in the case presentation by demonstrating variables regarded as important for diagnosis, or for encouraging process development, or for remediation, or for behavioral modification.

The ensuing discussion enabled all who knew the child to see that child from each other's point of view, to the end that all aspects of the child's personality were better understood by those who would continue to work with him. At such time, the senior clinician present would summarize pertinent factors and help order the recommendations.

In those instances having to do directly with "readiness development", the educational specialist would directly translate the clinic staff's recommendations into specific suggestions for program modification, appropriate methodology, techniques and/or materials familiar or relatively so to the Head Start teacher. With those cases where the recommended approaches were unfamiliar to the teacher, arrangements were made for the educational specialist to work for a time in the classroom with the teacher and the children, as a means to implement the innovation.*

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*While usually acknowledging the clinician's expertise, too often teachers are critical of the clinician's ability to communicate findings effectively for practical application within their particular teaching situation.

The role, then, of the educational specialist, as the term is used here, is to serve as the translator of clinical data into language meaningful for practical consideration in the classroom. Thus, if the clinician speaks of a "psycholinguistic disability, characterized by dyslexia, likely based upon faulty visual motor sequencing," the educational specialist might rephrase by telling the teacher that "Johnny can't read because it is hard for him to remember forms (letters) in relation to each other." More than this, the educational specialist would be expected to present practical classroom methods and suggest readily available materials for the teacher to begin her approach to Johnny. Thus, in addition to the role of translator, the educational specialist has also the responsibility to demonstrate good techniques that may be relatively unfamiliar in education, and to demonstrate innovative teaching methods, devices, materials, et al, to a teacher, groups of teachers, or by working with a teacher in her classroom.

In those instances relating, in the main, to the development of the Self or of problems of self actualization, staff recommendations were translated by the creative media specialist. The intangibleness of "self" made it difficult to adequately convey ideas in the clinic situation. Therefore, most of this specialist's time was spent unobtrusively with the teacher, and with the child and his group, demonstrating the development of growth producing, creative experiences.*

During the formulation and translation of recommendations, those attending as observers were invited to participate. The participation involved questions of interpretation, prediction, appropriateness of suggested approaches and reasons leading to a choice of a particular approach, and the like. The observers were encouraged to offer their own suggestions, or share their experience with reference to a given problem.

These periods of observer participation were regarded as equally meaningful for in-service training as the more formal preceding case presentation. The case presentation and the

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*From the beginning man is concerned with the two great preoccupations of life. The first, how to become a person, how to give life meaning and expression. The second, how to effect a reconciliation between one's own needs and desires, and the needs and desires of others, so that all might approach a rewarding level of self realization.

The limiting influence of class, status and prejudice upon human life and development hardly requires documenting. Well known, too, is the evidence that these sometimes sinister influences begin operating early in life and are recognizably established during the pre-school years.

The role, then, of the creative media specialist was to encourage the development of an adequate self image, to encourage inquiry, to encourage sensitivity to the world about, and to help broaden the horizons of opportunity. The specialist's principal approach to children was through the use of creative and expressive art forms, utilizing the sensory avenues variously, so as to enable the child to take unto himself something beautiful, to nourish it, and in the successful doing enhance his own growth in a way independent of cultural stereotypes.

period for the participating observers were regarded as helping to meet the three essential purposes of in-service training, as the term is used here. First, the situation lent admirably to dispelling many stereotyped notions concerning deprived children, which resulted in a better understanding of the development of children, their needs, their abilities, and their motives. Second, the situation permitted teachers to learn there is much more to a child than they may see in the classroom. And, third, the occasion provided the opportunity to present recent research findings, specialized methods and materials not often available in the usual teaching assignment, and new programs and methods just becoming available for distribution.

Clinic Data

Of the 1776 children enrolled in the 1967 Summer Head Start Program, 4% (73) were referred for individual child study. About two of every three children referred were evaluated (45), staffed, reports written and forwarded to the child's Head Start Center. Table I shows the devices, techniques and tests administered by the professional staff.* The Mean age for children referred was five years, nine months; the Mean IQ 77 reported. It is noted these children, chronologically, are older and rate grossly lower on intelligence measures when compared to the present or to previous groups of Delta Head Start children.

Table II shows the tabulation for referral, for findings, and for recommendations. Numbers shown do not sum to each other or to the referral total, in that several factors were usually involved with each child, in each of the areas of tabulation. Factors associated with referral, examination and recommendation for each child seen have been laid out in a Table and placed in the appendix.

From Table II, for referral it will be seen that problem behavior, or failure to adjust in the Head Start environment, accounts for 51% of the total, followed by retardation 20%, and by social guidance 17%. When we look at the findings section, we observe speech problems now 16%, emotionally disturbed now 7%, and retardation down to 8%, and, problems involving the CNS, including sensory processes, accounting for 67% of the total in this area.

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*The speech and hearing report has been placed in the appendix.

TABLE I

Tests Administered During Summer Head Start

Bender Visual-Motor Gestalt Test	12
Columbia Mental Maturity Scale	1
Doman-Delacato Developmental Mobility Scale	3
Draw-A-Person Test	40
Finish A Story Test	13
Frostig Developmental Test of Visual Perception	11
Geometric Forms	39
Illinois Test of Psycholinguistic Abilities	33
Reflex Testing Methods for Evaluating C.N.S. Development	2
Rorschach Psychodiagnostic	1
Slosson Intelligence Test	1
Wechsler Intelligence Scale for Children	37
Wechsler Pre-School & Primary Scale of Intelligence	6

TABLE II

PSYCHOLOGICAL TABULATION REPORT

Reasons for Referral	Number
Mentally Retarded	14
Mentally Superior	1
Social Guidance	12
Educational Guidance	5
Behavior Problems	36
Emotional Problems	2
Speech Difficulty	1
Hearing Difficulty	0

Results	
Psycholinguistic Disability	35
Developmental Lag	36
Mentally Retarded	19
Emotionally Disturbed	17
Minimal Brain Dysfunction	25
Visual Perception Difficulty	40
Auditory Discrimination Difficulty	22
Speech Difficulty	38
Hearing Loss	3

Recommendations	
Pediatric Examination	27
Neurological Examination	12
Developmental Exercises	40
Visual Perceptual Exercises	40
Special Education Class	16
Child's Guidance Clinic	1
Speech Therapy	26
Auditory Discrimination Exercises	23
Ophthalmological Examination	7
Audiometric Examination	5
Kindergarten	9
Full Year Head Start	10
Behavior Modification Methods	2

It is recognized these data are not strictly comparable, however, the data lend to several tentative inferences. Among these inferences are:

1. a tendency exists to regard the non-adapting child as either undisciplined or mentally retarded;

2. there seems to be little understanding of how children learn or of the function of the sensory avenues essential to learning and response; and,

3. it would appear that there is inadequate understanding of child development and of performance expectancy, with particular reference to personality and attendant variables.

Of course it could be said that these "inferences" might well be expected, in that Head Start teachers have had, as a group, less training than certificated public school teachers. This argument loses much of its force for a summer Head Start program such as this, because of the prevalence of public school, certificated personnel to be found in a summer program.

Response to Case Presentation

During the summer, seventeen days of case presentation were provided. Two hundred seventy-two persons, other than staff and those required to be at the staffing, attended. Average voluntary attendance, sixteen.

At the end of the summer, questionnaires were distributed, designed to elicit Head Start Personnel's reaction to the staffings. These were to be completed anonymously. Fifty-five percent of the questionnaires were returned completed. Questionnaires were received from all but two centers. These centers stated no one from those centers had attended a staffing. Almost half (47%) of the respondents stated they had attended more than one staffing.

Seven of ten respondents stated they found the staffings worthwhile; two in ten stated staffings were not worthwhile; and, one in ten of the respondents were equivocal or expressed no opinion.

Looking at the returns, within all centers, it was found, with two exceptions, the case presentations were regarded as worthwhile by a majority reporting within the centers. One center, two teachers and the director responding, did not complete the section. One center, director and seven teachers, was unanimous in stating lack of satisfaction with the staffings. Reviewing these eight questionnaires, the reasons for rejection, in order of frequency, were: child study not thorough or hurriedly done, material repetitious and the need for more discussions, staff members too frank, believe examination should have occurred in child's center, and need for follow-up program and for written reports.

Questionnaires of all other respondents indicating lack of satisfaction with the program were examined. In only one category did the reason for negative feelings coincide, i.e., comment too general and need for more discussion. Other reasons forming the basis of negative feelings were dispersed, that is, did not lend for grouping. These "reasons" included the thought that "teachers already have plenty of psychology courses," objection to use of term "brain damaged", "sex problem", etc., pathology overstressed, all children should have been examined, children should be examined more than once, most cases referred should have, in the first place, been handled by the teachers, and child discussed unknown and therefore not interesting.

Nineteen centers reacted with marked approval to the staffings. Certainly with regard for one and possibly two centers, the staffings fell short of the intended goals.

Three types of responses accounted for 73% of the positive answers. In order of frequency, these were: ways for dealing with children, helpful recommendations, presentation of new methods, materials, help in understanding child(ren).

Forty-four more or less different suggestions for improvement were offered. The most frequently mentioned was the need for post clinic follow-up (11), good--no improvement necessary (6), allow more clinic time (5), allow less time(4), move clinic into given child's attendance center (4), more time observing child in classroom (4), and 38 others mentioned three or fewer times.

Critique

In retrospect, it is believed the program largely met the goal of providing comprehensive studies of children, and the goal of serving as a teacher in-service training opportunity. There were some rough spots in the early stages, as expected; however, by the end of the summer the team functioned at a high level of efficiency.

The following reflect concensus observations offered by the staff and the Director.

1. The problem of obtaining qualified staff was made infinitely more difficult because of the funding procedures in current use. Professional people usually make commitments some months in advance. Current funding practice has made contractual agreements possible only a few weeks or even days before a program initiates.

2. It goes without saying, professional staff members should represent the best qualified, available in their respective fields. What is sometimes overlooked is that non-professional staff members must also have unusual competency. Secretaries have need of shorthand skills equal to conversational speech within groups, typing proficiencies to match, and possess more than ordinary skills in tact and diplomacy.

3. An orientation week was provided prior to program implementation. Generally, the orientation was well regarded; however, looking back it would appear that the orientation should place more emphasis upon the practice of clinic procedures and less upon theoretical considerations.

4. The team wishes to commend the Director of Social Service and the Social Service workers who were responsible not only for expediting referrals, but who also had the responsibility for having the right child, in the right place, at the right time.

5. Other things being equal, it was possible to examine and staff three children per clinic day. The "unexpected" does come about, and only the response of a dedicated

staff made the schedule possible. Therefore, unless much more of the preliminary examining can be completed before a child comes to the clinic, two children per day would be a more reasonable case load.

6. While the notion of a multidisciplinary team is not unusual, the presence of the educational specialist in such a setting is, and most unique is the role of the creative media specialist.

7. The educational specialist, as well as others of the clinic staff, made fruitful reference to specialized and often very new approaches to readiness development. None the less, our function in the particular area left something to be desired because of lack of materials for demonstration and familiarization. The lack of materials existed principally because the period between funding and program initiation did not permit their timely acquisition.

8. The team fell short of its goal of providing certain auxiliary materials to teachers which they had promised to organize, duplicate and distribute. This came about because the member who had volunteered to be responsible for the project, found it necessary to leave the program prematurely due to personal reasons.

9. The development of the notion for the creative media specialist was regarded as truly innovative. The success of this process was almost wholly dependent upon the personality of the person in the role. In the present instance, the reaction of teachers and of children clearly justifies the innovation and warrants expansion of these kinds of concepts for future programs.

10. Tabulation of returned, completed questionnaires documented the general acceptance of the staffings and case presentations. Negative reactions and suggestions for improvement were carefully studied; however, these comments did not lend well to the construction of a frequency distribution.

11. The most frequent negative comment was the expressed need for more discussion. Aside from the obvious

limitation of time, the staff was in agreement that there were occasions during which teacher participation might have been stronger. The staff also agreed, the problem of relative contribution by each staff member was not fully resolved. This problem is brought into sharper focus when one considers seven to ten people were involved with a child and each of these had significant information to share. The problem remained within manageable limits largely because of the consideration and mutual respect demonstrated by those participating.

12. With reference to suggestions for improvement; the most frequently mentioned was the need for post clinic follow-up. The staff endorses the suggestion. It is of utmost importance that public schools not only have available the very valuable data from the Head Start program, but should be prepared to take up with the child "where he is" and continue to plan and provide so as to maintain the child's present progress and enhance the child's future.

APPENDIX

REPORT OF CHILD STUDY

Name: Jane Doe* Date of Exam: 7-25-67

Birthdate: 12-14-62 Sex: Female Age: 5-7

School: Lincoln Teacher: Mary Smith

Reason for Referral:

Jane was referred for evaluation for the purpose of determining the basis for what were described as unmodulated behavioral episodes, and for advice relative to dealing with problem behavior in the Head Start classroom.

School History: (teacher)

Jane shows signs of having an extreme emotional problem. She is overly sensitive to any kind of discipline and seems to misunderstand "love hugs or pats." When she is happy, however, she is very loving and can be most adorable. Recently she has begun staging tantrums, and at times she has been defiant. At one time she showed great fear of a small puppy. Although the puppy was across the room, Jane climbed upon a desk and cried.

Health History: (school nurse)

Claudia Doe was sixteen years of age at the time of the infant's birth. This was the first of two deliveries for the mother. The course of pregnancy appears to have been unremarkable. Review of the attended by a mid-wife birth process gives no incident seemingly significant for possible pathology. At birth the baby weighed six pounds, twelve ounces, was of good color, breathed easily and no injuries were observed. No special medical attention was required during the first month of life.

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*Information tending to identify living individuals has been changed in such a way as to protect their anonymity. Otherwise, the case reported here is representative of those written for all children seen by the clinic staff.

Health History (Cont'd):

The developmental history was suggestive for averageness with the possible exception for speech, which came slowly. Speech, at this time, is said to be clear and intelligible. The child, at this point, appears to have been unusually free of disease common to childhood. There was no history of hospitalization, accident or of injury. Tests of vision or of hearing were not reported. In July, 1967, Jane was 45 inches tall, average for 5 years and 8 months, and weighed 42 pounds, average for 5 years and 3 months. Recent medical examination is said to have revealed no negative findings.

Home Background: (social worker)

Claudia Doe, the mother, has been diagnosed as mentally ill and has been in and out of mental hospitals during the past six years. It is estimated that Claudia Doe has spent at least twelve of the past twenty-four months in an institution. The father of Jane is not known, however, it is known that the mother was married to a John Smith for a brief time in 1963 before divorcing him.

Jane lives with a spinster aunt (maternal), a Miss Prudence Peyton. In addition to the aunt and the Subject of this report, there are four other children completing the family constellation: Luke, age 10 years; Barbara, age 8 years; Joseph, age 6 years; and, Susan, age 4 years. These children are the issue of a sister to Jane's mother and Miss Peyton. Miss Peyton took the children to raise, following their abandonment by what was described as an alcoholic mother, three years ago.

The Peyton house is located in a semi-rural setting, on the outskirts of town. The five room, not modern, frame, rented house is in need of paint and other maintenance. The yard was well tended and relatively unlittered. Within, the home, while sparsely and poorly furnished, was clean and well ordered, especially so considering the number and ages of the children.

Miss Peyton, age 50, is prim and neat. She conveys the impression of much concern for the children and gave every indication of trying to give them a "good raising." Her reference to child rearing practices is the Bible. And, to justify her training procedures with the children to the home visitor, would drive home a point with the comment, "it's in the book."

Home Background (Cont'd):

Family activities and social contacts appear almost wholly church or school centered. Source of subsistence is a public aid grant.

Classroom Observation: (staff)

Jane is a very alert, attractive child of normal size. She was clean and seemed to like everyone. She entered the school room, bounced around, and greeted all the teachers and aides. She walked the boards, showing very good muscular coordination. She got a green balloon and played with it, rode on the teacher's back across the room, and took a dose of medicine (water) from another girl who played nurse. She moved her mat near an adult during story period, laid on her stomach like a baby, sucked her thumb, and twisted her hair. When Baby Bear was mentioned in the story of Three Bears, she showed interest, at other times she seemed bored. She ate her snack hungrily and then willingly accompanied the observer to be tested.

Present Examinations:

7-25-67 Wechsler Intelligence Scale for Children
Verbal IQ 94 Performance IQ 124 Full Scale IQ 110

7-25-67 Illinois Test of Psycholinguistic Abilities
Language Age - 4 years, 6 months

7-25-67 Draw-A-Person Test

7-25-67 Geometric Forms

7-25-67 Frostig Developmental Test of Visual Perception
Perceptual Quotient - 88 Percentile Rank - 21

Impressions:

Jane entered the examining situation with apparent anticipation. She seems to identify quickly with adults and to obtain satisfaction from being close and of having their undivided attention. This is a slender, rather pretty, thumb sucking child who quite clearly seeks to control by means of dependency techniques. She seems alert and observant, but her obvious

Impressions (Cont'd):

unfamiliarity with common objects or events is most suggestive for an impoverished background. Rapport would be described as good, and the obtained data are regarded as reasonably reliable representations for the present level of function.

Results and Discussion:

Jane is presently functioning within the Bright range of intellectual ability as measured by the WISC, IQ 110, Full Scale administered. There is a significant difference between the Verbal and Performance Scales in favor of the latter. The difference, and its direction, considered with intersubtest relations, reminds strongly for a functional psycholinguistic involvement associated with cultural deprivation. With reference to the Wechsler (see inset) one will observe limited vocabulary, restricted general knowledge, and, as would be expected, markedly impaired ability to effect useful common sense judgments. Conversely, the abilities for logical reasoning, intellectual synthesis and abstraction are demonstrated with considerable favor.

VERBAL		
Info	7	--
Comp	4	--
Arith	11	0
Simil	14	++
Vocab	6	--
Dig Sp	12	0
PERFORMANCE		
Pic Com	12	0
Pic Arr	13	+
Blk Des	14	++
Obj Assm	19	++
Coding	9	-

To explore the possibility of a language involvement, the Illinois Test of Psycholinguistic Abilities was administered. The ITPA provided the Language Age 4 years, 6 months, which, when compared to the Mental Age 6 years, 2 months estimated from the Wechsler, confirms the presence of a language handicap. The ITPA relationships appeared somewhat equivocal. To rule on a possible "hearing" problem, audiometrics were completed; results were found to fall within normal limits. To rule on a possible auditory

	L.A.
Aud-Voc Auto	3-1
Vis Decod	4-9
Mot Encod	6-4
Aud-Voc Assoc	3-11
Vis-Mot Seq	4-4
Voc Encod	3-2
Aud-Voc Seq	6-7
Vis-Mot Assoc	2-7
Aud Decod	5-2
Language Age	4-6

Results and Discussion (Cont'd):

discrimination problem, Wepman's test was utilized. Results, while not optimal, were within the average range for Delta children. To look more intensively at the visual perceptual process, Frostig's test was employed. From the Frostig a Perceptual Age of 4 years, 6 months (identical to ITPA) was obtained. Each of the five areas measured by the Frostig are below developmental expectany as obtained from the WISC. Shape constancy is least well developed, followed by eye-motor coordination. Figure-ground relations and spatial relations are moderately impaired, with position in space at about chronology.

Eye-Motor Coord	4-0
Figure Ground	4-9
Form Constancy	3-6
Position in Space	5-6
Spatial Relations	4-9

Observations of the child in the classroom, considered with impressions of clinic staff who had the occasion to work or deal with Jane in the clinic, viewed collectively with data from the psychological examination, lend for an opinion of a child who feels insecure and deprived of parental love. Concomitant are the feelings of unworthiness and a sense of guilt for at least partial responsibility for absence of parent figures. Jane symbolically searches for the parent(s) figure(s) as seen with the impetuous identifications with adults who appear to regard her well or who seem to encourage her overtures. Thus, the "sensitivity to discipline" may perhaps represent the anticipation of rejection and the testing of (teacher) intentions. The "misunderstanding" of making-up behavior may be perceived as a kind of a "you really don't love me, do you?" response. The temper tantrums and defiance probably involve, in varying ways, the dimensions of guilt reduction and of the need to maintain essentials of integrity. The dynamics of the guilt reduction have to do with being unworthy and, therefore, undeserving of another's love or acceptance. The essentials of integrity are not dissimilar. The investment of love has elements of the surrender of self, thus if the love is misplaced or lost, one may not have enough of the self remaining to maintain ego continuation.

Recommendations:

1. Language development may be enhanced through the employment of organized activities such as are provided by the

Recommendations (Cont'd):

Peabody Language Program. Reference to the ITPA data shows the areas in need of greatest emphasis.

2. The processes of visual perception can be strengthened by means of the Frostig Program for the Development of Visual Perception. Reference to the Frostig test data shows the areas in need of greatest emphasis.

3. Auditory discrimination, while not an apparent handicap area on Delta Head Start norms, none the less could likely become more efficient by means of "ear training", employing the suggestions of Russell and Russell.

4. The suggestion is made that the teacher avoid, in so far as possible, confrontations over behavior problems. The Head Start process is itself of some therapeutic value when the child is allowed to explore and test his feelings and determine boundaries in what is for most a strange and exciting situation. Consideration and gentle firmness, and perhaps the use of a "quiet corner," work well. Making as little as possible out of exasperating situations and genuine response to success will contribute substantially.

5. As a means to favor teacher effectiveness, it is suggested a teacher aide be assigned to work individually with Jane and to serve as a buffer agent. While the same aide should be assigned throughout the program, involvement may gradually be reduced through assigning, one by one, other children to the aide as Jane becomes able to tolerate them.

Staffing: Teacher, Head Start Director, Social Worker, Psychologist, Psychological Counselor, Senior Social Worker, Speech and Hearing Clinician, Creative Media Specialist, and Educational Specialist.

SPEECH AND HEARING REPORT

PURPOSE

The speech and hearing examinations were intended to serve two ends: one, to contribute to the psychoeducational diagnosis of a child; and, two, to provide practical recommendations for the teacher(s), to use in the classroom.

METHODS

The following were employed in the speech and hearing examinations:

1. picture articulation test--for general speech characteristics to include, substitutions, omissions, distortions, etc.;

2. auditory discrimination--to recognize likeness or difference between paired words; and,

3. audiometric examination--to determine hearing acuity.

RESULTS

(Speech) Forty-four children were examined. Thirty-eight children were found to have speech imperfections (86%). Twenty-nine children had articulation problems (66%). Of these, twelve were regarded as mild, three were regarded as moderate, and fourteen were regarded as severe. For children classified as with moderate articulation difficulties, there were no noted similarities in sound substitution or omission. Children classified as demonstrating severe articulation problems averaged ten defective sounds each.

Nine cases of delayed speech were observed. For these children the speech evaluation was based upon reported observations of the parents and others who had reasonable familiarity with the child, and the observations of the speech clinician during the time the child was seen. Six of the children with delayed speech were found to be mentally retarded, two were of average intelligence, and one was classified as of average intelligence with minimal cerebral dysfunction.

(Hearing) Forty-four pure tone audiometric examinations were attempted. Thirty-one examinations, regarded as reasonably valid, were obtained. Of the audiometrics completed, only three children were found with a hearing loss. Each of these children also had an articulation problem. All three of the children were referred to an audiologist.

Forty-four hearing discrimination tests were attempted. Seventeen children responded so poorly to the directions it was necessary to terminate before initiating the test procedure itself. For those twenty-seven children seeming to comprehend what was required of them from the directions, testing procedures were completed. Their performance was compared to the auditory discrimination norms based on 1161 Head Start children in the Delta area, obtained summer 1966. The results were as follows: one child was found to be above average, eighteen children were rated average, none rated borderline, five rated poor, and three rated very poor. Of the eighteen children classified as average, fourteen were also classified as speech defective! When the children's performance was compared to published norms in the test manual, only one child showed adequate development of auditory discrimination.(1) It should be noted that Thornton, writing in the DAEOC, Summer 1966, Report for Psychological Services, pointed out auditory discrimination was marked by lack of development for Delta Head Start children as a group. He strongly recommended the adoption of "ear training" procedures in the Head Start curriculum. Thornton's data, plus the data reported here for a much smaller group, certainly appear to emphasize a deficit clearly in need of immediate attention.

RECOMMENDATIONS

1. Employment of speech clinicians, ideally one for each attendance center, or minimally, one for each county participating.

2. Development of an "ear training" guide with lesson plans for incorporation into the Head Start curriculum.

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[1]Wepman, Joseph M., Auditory Discrimination Test, Chicago, Illinois, 1958.

PSYCHOLOGICAL TABULATION

SUBJECT	1	2	3	4	5	6	7	8	9	10	11	12
REASONS FOR REFERRAL												
Mentally Retarded				x		x			x	x		
Mentally Superior												
Social Guidance			x						x	x	x	
Educational Guidance			x									
Behavior Problems	x	x	x		x		x	x	x	x	x	x
Emotional Problems												
Speech Problems	x											
Hearing Problems												
RESULTS												
P'linguistic Disability	x	x	x	x	x	x	x	x	x	x		
Developmental Lag	x	x	x		x		x	x	x	x		x
Mentally Retarded	x	x	x						x	x		
Emotionally Disturbed					x		x	x				
Minimal Brain Dysfunction	x	x	x		x	x	x	x	x	x		x
Visual Percep. Difficulty	x	x	x		x		x		x	x	x	x
Auditory Dis. Difficulty	x	x	x				x		x	x		
Speech												

												Dysfunction
x	x	x		x		x	x	x	x	x	x	Visual Percep. Difficulty
		x			x		x	x	x	x	x	Auditory Dis. Difficulty
x	x	x	x		x	x	x	x	x	x	x	Speech Difficulty
x												Hearing Loss
												Opthalmological Examination
												Audiometric Examination
x							x		x	x	x	Pediatric Examination
x							x		x	x		Neurological Examination
x		x	x	x	x	x	x	x	x	x	x	Developmental Exercises
x	x	x	x	x		x	x	x	x	x	x	Vis. Perception Exercises
		x	x				x		x	x	x	Special Ed. Class
												Child Guidance Clinic
x	x						x	x	x	x	x	Speech Therapy
x					x	x	x	x	x	x	x	Auditory Dis. Exercises
x		x	x								x	Kindergarten
x		x	x								x	Full Year Head Start
												Behavior Modification Methods

RECOMMENDATIONS

	SUBJECT	13	14	15	16	17	18	19	20	21	22	23	24	25
REASONS FOR REFERRAL	Mentally Retarded		x			x				x	x			
	Mentally Superior													x
	Social Guidance							x						
	Educational Guidance													
	Behavior Problems	x		x	x			x	x	x		x	x	
	Emotional Problems						x							
	Speech Problems													
	Hearing Problems													
RESULTS	P'linguistic Disability		x	x	x	x	x		x	x	x	x	x	
	Developmental Lag		x	x	x	x	x		x	x	x	x	x	
	Mentally Retarded	x					x			x	x	x	x	
	Emotionally Disturbed						x	x	x	x			x	
	Minimal Brain Dysfunction	x	x	x	x			x		x	x	x		
	Visual Percep. Difficulty	x	x		x	x	x	x	x	x	x	x	x	x
	Auditory Dis. Difficulty				x	x	x			x	x		x	
	Speech Difficulty	x	x		x	x	x	x	x	x	x	x	x	

													Dysfunction
x	x	x	x	x	x	x	x	x		x	x	x	Visual Percep. Difficulty
	x		x				x	x	x				Auditory Dis. Difficulty
	x	x	x	x	x	x	x	x	x	.	x	x	Speech Difficulty
			x										Hearing Loss
x									x	x			Opthalmological Examination
		x	x										Audiometric Examination
x					x	x	x		x	x		x	Pediatric Examination
						x							Neurological Examination
	x	x	x	x	x		x	x	x	x	x		Developmental Exercises
x	x	x	x	x	x	x	x	x	x	x	x	x	Vis. Perception Exercises
	x		x	x								x	Special Ed. Class
						x							Child Guidance Clinic
	x		x	x	x		x	x	x	x			Speech Therapy
	x		x	x				x			x		Auditory Dis. Exercises
	x	x		x	x								Kindergarten
	x	x		x	x		x						Full Year Head Start
										x			Behavior Modification Methods

SYMPTOMS

RECOMMENDATIONS

	SUBJECT	26	27	28	29	30	31	32	33	34	35	36	37	38
REASONS FOR REFERRAL	Mentally Retarded						x	x				x		
	Mentally Superior													
	Social Guidance		x			x				x	x			
	Educational Guidance										x			
	Behavior Problems	x	x	x	x	x	x	x	x	x	x		x	x
	Emotional Problems					x								
	Speech Problems													
	Hearing Problems													
RESULTS	P'linguistic Disability		x		x	x	x	x	x		x		x	x
	Developmental Lag		x	x	x	x	x	x	x		x	x	x	x
	Mentally Retarded		x				x							x
	Emotionally Disturbed		x	x		x	x	x			x	x	x	
	Minimal Brain Dysfunction			x	x	x		x	x				x	x
	Visual Percep. Difficulty	x	x	x	x	x	x		x	x	x	x		x
	Auditory Dis. Difficulty		x	x	x		x	x		x	x	x		
	Speech	x	x	x	x		x	x		x	x	x		x

													Minimal Brain Dysfunction
×	×				×	×		×	×	×			Visual Percep. Difficulty
×		×	×	×	×		×	×	×	×	×	×	Auditory Dis. Difficulty
		×	×	×		×	×		×		×		Speech Difficulty
×		×	×	×	×	×			×	×	×	×	Hearing Loss
												×	
	×			×					×				Opthalmological Examination
				×							×	×	Audiometric Examination
×	×		×	×		×	×	×	×	×	×	×	Pediatric Examination
	×					×	×			×		×	Neurological Examination
×		×	×	×	×	×	×	×	×	×	×	×	Developmental Exercises
×		×		×	×		×	×	×	×	×	×	Vis. Perception Exercises
×		×					×						Special Ed. Class
													Child Guidance Clinic
×		×	×		×	×			×		×		Speech Therapy
		×		×	×	×	×		×		×		Auditory Dis. Exercises
													Kindergarten
													Full Year Head Start
	×												Behavior Modification Methods

RESULTS

RECOMMENDATIONS

45	44	43	42	41	40	39	SUBJECT	
	x	x		x			Mentally Retarded	REASONS FOR REFERRAL
							Mentally Superior	
				x	x		Social Guidance	
x					x		Educational Guidance	
x	x		x	x	x	x	Behavior Problems	
							Emotional Problems	
							Speech Problems	
							Hearing Problems	
x	x	x	x	x	x		P'linguistic Disability	RESULTS
x	x	x	x	x	x	x	Developmental Lag	
x	x	x		x	x		Mentally Retarded	
	x						Emotionally Disturbed	
	x			x			Minimal Brain Dysfunction	
x	x	x	x	x	x	x	Visual Percep. Difficulty	
			x	x	x		Auditory Dis. Difficulty	
x		x	x	x	x	x	Speech Difficulty	
							Hearing	

	×			×			Minimal Brain Dysfunction
×	×	×	×	×	×	×	Visual Percep. Difficulty
			×	×	×		Auditory Dis. Difficulty
×		×	×	×	×	×	Speech Difficulty
							Hearing Loss
		×					Opthalmological Examination
							Audiometric Examination
	×		×		×	×	Pediatric Examination
	×		×				Neurological Examination
×	×	×	×	×	×	×	Developmental Exercises
×	×	×		×	×	×	Vis. Perception Exercises
		×		×	×		Special Ed. Class
							Child Guidance Clinic
×		×	×			×	Speech Therapy
			×	×	×		Auditory Dis. Exercises
			×				Kindergarten
			×				Full Year Head Start
							Behavior Modification Methods

RESULTS

RECOMMENDATIONS

TESTS, TECHNIQUES & METHODS EMPLOYED

IN CHILD STUDY

Bender, Laurette, Bender Visual Motor Gestalt Test, Psychological Corporation, N.Y.

Burgemeister, B., Blum, L.H., Lorge, I., Columbia Mental Maturity Scale, Harcourt, Brace, and World Book, Inc., N.Y., N.Y.

Doman, G., Delacato, C.H., Doman, R., Doman-Delacato Developmental Mobility Scale, Institute for Achievement of Human Potential, Philadelphia, Pa.

Goodenough, C., Measurement of Intelligence by Drawings, World Book Co., Chicago, Ill.

_____, Finish a Story Test, Child Guidance Center, Wichita, Kansas.

Frostig, M., Developmental Test of Visual Perception, Follett Publishing Co., Chicago, Ill.

McCarthy, J., Kirk, S., Illinois Test of Psycholinguistic Abilities, Exp. Ed., University of Illinois Press, Urbana, Ill.

Fiorentino, M., Reflex Testing Methods for Evaluating C.N.S. Development, Charles C. Thomas, Springfield, Ill.

Rorschach, H., Rorschach Psychodiagnostic, Psychological Corporation, N.Y., N.Y.

Slosson, R., Slosson Intelligence Test, Slosson Educational Publication, N.Y., N.Y.

Wechsler, D., Wechsler Intelligence Scale for Children, Psychological Corporation, N.Y., N.Y.

Wechsler D., Wechsler Pre-School and Primary Scale of Intelligence, Psychological Corporation, N.Y., N.Y.

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